

CHAPTER 3

SECTION 15.7

EPIDURAL NARCOTICS/STEROIDS

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I. PROCEDURE CODE RANGE

62275, 62278 - 62279

II. DESCRIPTION

Epidural narcotics are used to effect regional anesthesia or analgesia by blocking spinal nerves as they pass through the epidural space. Procedure 62278 is a single injection; procedure 62279 is continuous infusion through a percutaneous catheter and includes catheter insertion and removal.

Epidural steroid injections are used to decrease any swelling or disc bulging and provide pain relief. Patients with chronic radicular pain, acute herniated disc (not extruded) and chronic low back pain with a poor response to other treatments, are good candidates for this treatment.

III. POLICY

A. EPIDURAL NARCOTICS:

The use of epidural narcotics is considered generally accepted medical practice under the following circumstances:

1. As regional anesthesia for surgery, including as adjuvant anesthetic for labor and delivery.
2. As regional analgesia for acute postoperative pain in the immediate postoperative period.
3. As regional analgesia for intractable chronic pain:
 - a. Systemic narcotic therapy does not adequately control pain; or,
 - b. Systemic narcotic therapy causes negative side effects such as excessive sedation or respiratory depression.

B. EPIDURAL STEROIDS:

1. Benefits are authorized for a series of up to two epidural injections of corticosteroids within a six-month period.
2. Epidural steroid injection may be cost-shared when administered:
 - a. For treatment of nerve root entrapment and irritation secondary to diskogenic disease, after failure of other conservative treatment; **or**
 - b. **For chronic cervical radicular pain; and,**
 - c. To avoid surgical intervention.

IV. POLICY CONSIDERATIONS

A. Surgical anesthesia. Procedure codes 62278 or 62279 are not correct descriptors for epidural narcotics used as primary or adjunct regional anesthesia for surgical procedures, including Cesarean section. Such use is subject to the ANESTHESIA reimbursement policy ([Chapter 13, Section 3.1](#)) and coding instructions in [ADP Manual, Chapter 2, Addendum I](#).

B. Labor and delivery analgesia **by attending physician. Prior to December 1, 1998, reimbursement of epidural narcotics (analgesia) billed outside the global maternity fee by an attending physician will be based on procedure codes 62278 or 62279. Effective December 1, 1998, CPT procedure codes 00857 or 00955 are to be used for continuous epidural analgesia for labor and vaginal delivery. Reimbursement for the attending physician is limited to base units only and no reimbursement is to be made for time units billed since the attending physician is present and performing other services for which he/she is paid.** Reimbursement for anesthesiologists and CRNAs will remain subject to the reimbursement guidelines established under the [Chapter 13, Section 3.1](#).

C. Cancer related chronic pain analgesia.

1. Inpatient care.
 - a. Procedure 62278 or 62279 rendered by the attending physician is allowable in addition to the institutional visit charge on the day of the procedure.
 - b. Procedure 62278 or 62279 by other than the attending physician is subject to the INPATIENT CONCURRENT CARE policy ([Chapter 1, Section 4.8](#)).
 - c. No separate charge is allowable for analgesia monitoring as it is an element of routine nursing care and professional institutional visit.

2. Outpatient care. The OFFICE VISITS WITH SURGERY ([Chapter 1, Section 2.4](#)) policy applies.

D. Chronic pain analgesia for conditions other than cancer. Regional analgesia for treatment of intractable pain secondary to conditions other than cancer may be considered for cost-sharing when medical review determines the treatment to be medically necessary

and generally accepted medical practice subject to the guidelines under [paragraph IV.C.](#) above.

NOTE: The use of epidural narcotics for conditions other than cancer is restricted to inpatient settings and may only be cost-shared when systemic narcotics are ineffective.

E. Epidural steroid injection may be given using a variety of approaches to relieve pain around a compromised nerve root, including administration by lumbar and caudal routes.

F. Epidural steroid injections beyond the initial two injections may be cost-shared, if determined to be medically necessary. Drugs used must be FDA approved.

V. EXCLUSION

Epidural steroid injection for thoracic pain.

VI. EFFECTIVE DATE

Off-labeled use for Epidural Steroid Injection, December 21, 1992.

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